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# IRS Low Income Taxpayer Clinic (LITC)

## Application Information Sheet

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Name of Sponsoring Organization \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Contact Person's Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Contact Person's E-Mail Address \_\_\_\_\_

**Street Address**

**Mailing Address**

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\_\_\_\_\_

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\_\_\_\_\_  
(City) (State) (Zip Code)

\_\_\_\_\_  
(City) (State) (Zip Code)

Name of Clinic \_\_\_\_\_

**Street Address**

**Mailing Address**

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\_\_\_\_\_  
(City) (State) (Zip Code)

\_\_\_\_\_  
(City) (State) (Zip Code)

**Public Telephone Number** \_\_\_\_\_

Clinic Director \_\_\_\_\_ Title \_\_\_\_\_

Clinic Director's Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Clinic Director's E-Mail Address \_\_\_\_\_

Grants Officer/Financial Administrator \_\_\_\_\_ Title \_\_\_\_\_

**Street Address**

**Mailing Address**

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\_\_\_\_\_  
(City) (State) (Zip Code)

\_\_\_\_\_  
(City) (State) (Zip Code)

Grants Officer's/Financial Administrator's Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Grant Officer's/Financial Administrator's E-Mail Address \_\_\_\_\_

Funds will be forwarded to this address.